EMMANUEL HOSPITAL ASSOCIATION

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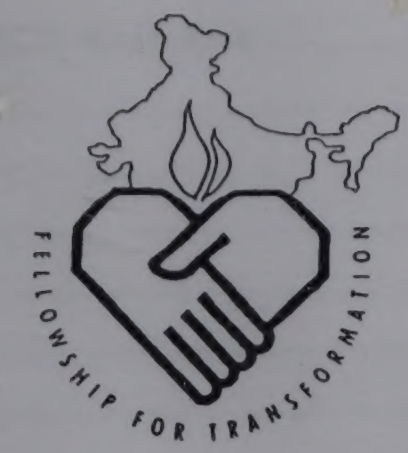

QUALITY CARE MONITORING FORMAT

EMMANUEL HOSPITAL ASSOCIATION
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PREFACE

The quality care needs much emphasis in the present scenario. Our hospitals are now in competition. The quality of services will distinguish us and make us attractive. The vital importance of this was recognized when Quality Care was agreed upon as one of the tasks contained in the document ' Fellowship for Transformation'.

Quality care can only be ascertained when it is compared against a standard." Quality care - Monitoring Format" is the first attempt in this direction for various areas of our services. Standards (measurable and attainable) are defined. Monitoring format for each department is also given. It also contains objectives for all the Central Officers and their travel schedule for the purpose of monitoring.

The present documentation is an outcome of a series of meetings of EHA Central Officers, two workshops of EHA Hospital Officers, and is based on the spirit of consensus. The document will be sent to each unit asking them to monitor for themselves each area of service as per the monitoring format. The shortfall to standards will be discussed during the visit of the monitoring team. A time bound plan will be prepared to achieve the standards.

This document requires continuous development and update. Feed back from the units and all concerned will be greatly appreciated.

August, 1999

Arwin Sushil

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QUALITY CONTROL

MONITORING FORMAT

DEVELOPMENT

First Draft	:	Prepared by Relevant Secretaries and co-ordinators presented at EHA Central Officers Meeting on 23/24.02.99.
Second Draft	:	Detailed discussion with Hospital Officers at Two Quality Control Workshops held at Champa Christian Hospital & Indian Social Institute, Lodhi Road, New Delhi for EHA Central Region/ South Eastern Region and Eastern/Northern Region Units on 23/24.06.99 and 8/9.07.99 respectively. Standards agreed upon. Monitoring format suitably amended.
Third Draft	:	All the suggestions for standards & Monitoring Format were incorporated. Review by EHA Central Officers on 30/31-07.99 at Prem Sewa Hospital, Utraula.
Fourth Draft	:	Presented at the EHA Executive Committee Meeting on 25.8.99 for approval and adoption.

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QUALITY CONTROL

SET OF STANDARDS FOR MEDICAL CARE

1. **Waiting time in OPD** (from the time being registered to be seen by the doctor)	:	Average 15 minutes, maximum 30 minutes
2. **History taking**	:	Enough for tentative diagnosis both I.P. & O.P
3. **Examination**	:	Enough for tentative diagnosis both I.P. & O.P.
4. **Tentative diagnosis and Differential diagnosis**	:	Tentative diagnosis and differential diagnosis be stated clearly
5. **Documentation**	:	Immediate documentation
6. **Investigative practice (IP & OP)**	:	Should be based on tentative & differential diagnosis should clinch the diagnosis or rule out some of the differential diagnosis.
7. **Explanation to patient**	:	Explanation should be in patients' local language and with positive body language
8. **Admission process**	:	Well-defined process should not take more than 15 minutes for routine admission and immediately for emergency cases.
9. **Time taken to visit patients after admission**	:	Should be seen the same day. If the patient is admitted during the night, he/she should be seen within one hour.
10. **Bed side manners**	:	Training in Bed manners
11. **Interaction with patients' relations**	:	Select a representative of the patients' relative and explain to him. Relative is your marketing link.
12. **Drug Therapy**	:	Rational Drug Therapy
13. **Medico-legal cases**	:	Prescribed Government procedure to be followed for documentation and record keeping.
14. **Communication**	:	Encourage doctors to learn local dialect.
15. **Death Audit**	:	Bare minimum format for Medical & Surgical cases will be prepared.
16. **Follow-up after discharge**	:	To be integrated with the spiritual ministry. Chaplain/Evangelist will follow-up and provide feed-back.

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QUALITY CONTROL

MEDICAL CARE – MONITORING FORMAT

1. AVERAGE WAITING TIME IN OPD (average: 15 mts. , maximum: 30 mts.

2. HISTORY TAKING – enough for tentative diagnosis (IP& OP) history taking to exclude differential diagnosis important

3. EXAMINATION – enough for tentative diagnosis (IP & OP) relevant examination to be done

4. HAS A DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS BEEN MADE

5. DOCUMENTATION (including examination sheet, order sheet, operation on procedure notes and discharge summary) should be done during history taking, soon after examination & soon after procedure or operation.

6. INVESTIGATIVE PRACTICE (inpatient outpatient)

   Appropriate :

   Does it clinch the diagnosis :

   Over investigation :

7. EXPLANATION TO PATIENT - IP & OP

   Is it adequate?

   Does it allay fear?

   Technical jargon deleted?

8. ADMISSION PROCESS (Name steps and time taken)

9. TIME TAKEN TO VISIT PATIENT AFTER ADMISSION

Routine Admission ..... Emergency Admission .....

10. BED SIDE MANNERS:

Does the doctor know the patient by name? does he know anything personal about the patient – his background, profession, family background, income levels etc.

11. INTERACTION WITH PATIENT'S RELATIVES – ADEQUACY OF EXPLANATION

12. DRUG THERAPY : Is it rational ?

Too many

Expensive

Antibiotic use

Explanation to patient

13. MEDICO-LEGAL CASES :

14. DEATH AUDIT : Medical & Surgical Cases

Medical & Others

15. FOLLOW-UP OF PATIENTS IN PERIPHERAL AREA : Who are involved.

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MODULE FOR BEDSIDE MANNERS

Greeting – Recognizing the presence of the patient is important! Do not immediately start asking the patient – "What's the problem?"

Greeting can be – How are you? Or *Namaste* or if you know the name greet him by name.
Get the name of the patient right-

Learn the name and the occupation of the patient and if there are friends and relatives get the relationship right.

Eavesdroppers – It may be necessary to see that there are no curious hangers on. Even friends and relatives who are not close to the patient may not need to be there specially when the problem is quite private.

Speaking the local language – It is best if you can communicate in the local dialect. However, it may be permissible to communicate in the state language if the patient is proficient in it. However, if the patient does not understand the state language then it is best to employ an interpreter, assuming the doctor does not know the language. The patient communicates at greater depth and more detail when he/she does it in the local dialect. In the long run every doctor who is long term should learn the local language.

Touching the patient –

Touching or holding the patient is very therapeutic. It can be done at various stages.

1. **When the patient is giving the history** specially when it has got painful components. (It was so painful that I did not sleep the whole night or the kerosene lamp fell on my baby and she got burnt)
2. **During a painful examination** – When you are palpating the abdomen with the right hand you may want to hold the arm or the forearm or the shoulder with the left hand. This reassures the patient that you are not going to cause unnecessary pain.
3. **Before departure** when you are reassuring the patient you can again hold the hand or the forearm or the arm and give it a light squeeze.

Touching radically alters the patient/doctor relationship from being a merely a business contractual one. It reassures, allays fear and communicates compassion.

Note : *Even dealing with extremely orthodox Muslim women touching poses no problem as long as it is done sensitively.*

Patient's diagnosis –

The patient always has his/her diagnosis.
The patient may feel that the present abdominal pain was all because he/she ate 10 gooseberries.

The patient may suggest to you that the bone tumor was the result of the fall she had sustained a few days before the tumor was visible.

The patient may overdiagnose or underdiagnose as follows:

A patient with a mild headache may feel she/he has cancer. (Overdiagnosis). The patient may suggest that the cause of the peritonitis was because she ate overripe bananas. (Underdiagnosis)

It is important to listen to the patient's diagnosis because it helps make the patient feel that you have now understood the whole story.

Acknowledge to the patient as follows:
"So you think that all this is because of your overripe bananas. OK."

Getting permission from the patient before examination-

The patient is made in the image of God and this needs to be remembered. The body of the patient belongs to him and he comes to you in the form of a little Christ. Hence respect of the body is very key.

Explain and get permission –
"I have to examine your lungs with a stethoscope and so can you please lift up your shirt?"
"Can you please keep your mouth open and keep taking deep breaths? It will help me to listen better. "
"I want to do a special examination of your inside (Rectal exam). You will have to turn on your side and take deep breaths. I guarantee you that there will no pain excepting for mild discomfort like when you are passing hard stools. "

Don't

Tug at the cloths, pull at the clothes or un-botton the cloths yourself.

Don't push the patient into any position by force. Let the patient do it by himself or herself.

Don't suddenly dig into the abdomen or suddenly put in the finger without warning for a rectal exam.

Willingness to soil your hands-

It is possible that the patient may be dirty, sweaty or some part of the anatomy smeared with urine etc. A good physician will be willing to soil his/her hands to touch the patient to be able to examine the patient better. It also gives the message to the patient that the physician is so concerned that he does not mind soiling hands. It increases the trust.

Don't examine the patient with the tips of your fingers to keep yourself from becoming or feeling dirty.

Privacy and confidentially-

It is important that you put a screen around the patient whenever any private examination is done. Unnecessary bystanders should not be allowed.

Confidential information about the patient's illness should not be shared with their relatives or with inappropriate people.

Always have a nurse when examining a female patient-

The patient always is more relaxed when this is done.

Never examine a patient in the middle of the night, or in the dark (power cut) without a nurse.

Explanation –

An explanation of your findings and a possible diagnosis is important.
"I can feel a mass in the abdomen. It will be necessary to do an ultrasound to determine if an operation is necessary."

Sometimes a simple diagram will help the patient to understand better.
At this stage the relatives will need an explanation. Select the leader amongst the relatives, someone who is close to the patient and tell him to deal with all the relatives who will need to be informed.

Explanation should be-

- **Clear without ambiguity**
- **Use a diagram to be explicit**
- **Use no scientific jargon**
- **Not over-optimistic.**
- **Diet explanation will be important, as relatives are usually obsessed with food.**

Questions-

It will be important to answer all the questions from the patient or the relatives. The more the anxiety the more the questions. The more serious the illness the more questions will surface.

Answering questions clearly will give the impression to the patient that your are in control and you know what you are doing. It will allay anxiety and will lay the framework for a lasting relationship.

Patients judge doctors on how well they answer questions.

Departure-

Use the patient's first name to say bye. It will help the patient to feel special.

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QUALITY CONTROL

DOCTORS MONITORING FORMAT

OBSTETRICS/GYNECOLOGY

1. HISTORY

Ob. History
- Adequate and detailed ob. format
- Inadequate
- No history taken

Gynae. History
- Adequate and detailed gynae. format
- Inadequate
- No history

2. EXAMINATION

- Thorough abdominal, speculum and pelvic exam
- Superficial examination leaving out one or more of the above
- Poor examination

3. DIAGNOSIS

- Definitive diagnosis recorded in each patient
- Diagnosis fits with history
- No diagnosis arrived at
- Differential diagnosis made

4. DOCUMENTATION

- Documentation of history/exam/diagnosis/treatment including surgery
- Detailed
- Inadequate
- Poor
- Maternity statistics documented according to format Y/N

5. INVESTIGATIONS

- Apart from routine, also doing vaginal swabs, PAP smears, cultures, ultrasound, hysterosalpingogram
- Relevant with regard to history and initial diagnosis
- Too many investigations
- No investigations
- Ultrasound exam done by all doctors involved with O/G

6. PATIENTS IN LABOUR

- Waiting period from time of admission (initial examination by doctor – 30 min., & nurse – 15 min.) — Hrs_____/mins_____
- Frequency of doctor's exam (in abnormal labour 4 hourly & normal labour 6-8 hours) — 6 hrly / 4 hrly / 2 hrly / other
- Pain relief in labour — Pethidine / fortwin / other/none
- Attitude towards patients — Kind/cold and clinical/rude
- Explanation to patient about progress — Adequate/inadequate
- Explanation to relatives about progress — Adequate/inadequate
- Attitude to patient during delivery — Kind/impatient/rude

7. OPERATIVE DELIVERY

- Clearly documented indication for CS
- Time taken to start an emergency CS — Hrs_____/mins_____
- Appropriate antibiotics after CS — Elective/not handled/handled
- Cost of CS

8. OPERATIVE GYNECOLOGY

- Clearly documented indication for surgery
- Clearly documented indication for additional surgery
- Rational antibiotic use elective/emergency cases
- Cost of different gynae. Procedures :
  - D&C
  - Biopsies (endometrial/cervical)
  - Hysterectomy (abdominal/vaginal)

9. POSTPARTUM/POST-OP CARE

- Potential maternal trouble spots checked — Breasts, lochia, urine, I/V sites
- Neonate checked — Cord, eyes, feeding, urine, stool
- Family planning — Advice given/not given

10. DRUG THERAPY

- Rational
- In accordance with modern practices
- Least expensive for the condition
- Explanation of possible side-effects — Adequate/inadequate

11. EMERGENCY CARE

- Time taken to start management — Mins ____
- Resuscitation equipment — Adequate/inadequate
- Resuscitation equipment — Readily available/delay in obtaining
- Protocols for emergencies — Readily available and followed/ unavailable
- Maternal resuscitation — Good/poor
- Neonatal resuscitation — Good/poor

12. MATERNAL/NEONATAL DEATHS

- Maternal death documentation — Adequate/inadequate
- Neonatal death documentation — Adequate/inadequate
- Maternal death reviews — Done/not done
- Neonatal death reviews — Done/not done

13. BEST PRACTICES PROTOCOLS

- In use
- Shared and understood by medical staff
- Updated

14. EQUIPMENT (availability of)

- Vacuum
- Modern outlet forceps
- Foetal monitor
- Incubator/open resuscitator
- Oxygen concentrator

15. TRAINING NEEDS

- Please list

16. UNIVERSAL PRECAUTIONS IN PRACTICE

- All category of staff handling body fluids (doctors, nurses, aides, sweepers)

Obstetrics and Surgical Procedures

- Plastic aprons/eye glasses/handling and washing of sharps and sharp instruments/method of washing soiled linen/handling blood and body fluid spills
- Protocols available in emergency room, delivery room, or ……
  Y/N

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QUALITY CONTROL

NURSES MONITORING FORMAT

MATERNITY CARE

1. ANTENATAL PATIENTS

- History — Good / poor / unable to take history
- Examination (routine ANC) — Good / poor
- Recognition of high-risk cases — Good / poor
- Ability to make provisional diagnosis — Good / poor
- Orders routine investigations — Y/N

2. LABOUR PATIENTS

- Time taken to attend before admission — Hrs _____mins_____
- Monitoring in labour — Good / bad
- Frequency of routine FHS monitoring — Hrs _____mins _____
- Ability to conduct normal delivery — Good / bad
- Ability to perform and repair episiotomies — Good / bad
- No. of episitomy resuturing / every 3 months
- Attitude towards patient in labour — Kind / rude

3. POSTPARTUM / POST OP. CARE

- Maternal care (perineum, wounds, breast feeding, I/V sites) — Good / bad
- Neonatal care (bath, cord, eyes, I/V sites) — Good / bad
- Family planning advice — Given / not given

4. EMERGENCY CARE

- Time taken to attend emergency — Mins _____
- Knowledge of ob. Emergencies — Good / bad
- Protocols available and followed — Y/N
- Ability to do adult resuscitation — Good / bad
- Ability to do neonatal resuscitation — Good / bad
- Knowledge of resuscitation equipment — Good / bad
- Involvement in death reviews — Good / bad

5. UNIVERSAL PRECAUTIONS — Followed / not followed

6. TRAINING NEEDS

- Please list

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QUALITY CONTROL

MONITORING QUALITY CARE

EYE SERVICES

❑ **Hospital Based** ❑ **2 Rural Services**

HOSPITAL BASED SERVICES

1. **Waiting period** – from registration to examination Hrs. _____/ min _____

2. **History taking**
   - Cursory
   - Adequate
   - Detailed
   - No history taking practice

3. **History taken by**
   - Assistant
   - Eye specialist

4. **Examination** – Clinical, Slit-Lamp, IOP, Fundus
   - Cursory.
   - Adequate
   - Detailed

5. **Documentation** of history, examination, diagnosis and plan treatment
   - Cursory
   - Adequate
   - Detailed
   - No such practice

6. **Investigations**
   - Routine and unnecessary appropriate for reaching a diagnosis no investigative practice

7. **% of Non-Cataract Surgeries** _____ %

8. **% of referrals** _____ %

9. **Explanation to patient**
   - Not done
   - Simple and easily understood
   - Highly technical

10. Explanation to relatives

- Not done
- Simple and easily understood
- Highly technical

11. Admission Process

- Explained to the patients
- Process patient friendly
- Guides available to help

12. Average time for admission

Hrs. _____ / Min _____

13. In-patient-care

(1) Provision of bed

- Complete in all details
- Incomplete
- Bed not provided

(2) Medication

- Given regularly
- Patient has to fend for himself

(3) In-patient Documentation

- Adequate
- Inadequate
- Not done

(4) Doctors Rounds

- Done regularly
- Occasionally
- Need based rounds only

(5) Quality of Rounds

- Talks to the patient
- No communication with the patient
- Does only technical rounds

14. Discharge Process

Average time for discharge Hrs._____
Min____ process patient-friendly

15. Prescription Pattern

- Under-prescription
- Adequate/rational prescription
- Over-prescription

16. Drugs

- Provided in the hospital
- Has to be purchased outside

17. Patient Statistics

- Outpatients per week _____
- Surgeries per week_____
- Major: _____
- Minor: _____
- Non-cataract surgeries: _____

18. Finances

Income per month :

OPD: Rs._____

IPD: Rs. _____

Total monthly income Rs. _____

Grant: 1. Rs._____

2..

3.

19. Charity

% of OPD income given as charity_____

% of IPD income given as charity _____

RURAL SERVICES

1. **Work Organization**

OPD AREA	• Poor	• Good
OT AREA	• Poor	• Good

2. **Explanation to Patients**
   - Adequate
   - Poor
   - Not done

3. **Rounds**
   - Regularly
   - Helpful to patients
   - Not helpful to patients

4. **Discharge**
   - Well organised
   - Poorly organised
   - Details explained to patients
   - Not Explained

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HIV/AIDS: STANDARDS AND MONITORING

STANDARDS

1. Re-orientation training on HIV/AIDS for all staff conducted by a senior clinical staff
2. Having Functional Infection Control Committee (or sub-committee) in each EHA Hospital
3. Having a properly working Medical Waste Management Plan in each EHA Hospital
4. HIV Counseling (Pre Test, Post Test, On going, Crisis)
5. Universal Precautions
6. Non-discrimination care for PLWHA in health care settings
7. Confidentiality for testing
8. Blood safety standards
9. Specific focus on STD diagnosis and treatment
10. Mass awareness in the populations serves (at least twice a month in each unit)

Monitoring format

1. **Training conducted in the Unit for staff on different subjects**

Staff Category	HIV/AIDS Awareness	Infection Control	Medical Waste Mgmt.	STD
Doctors				
Nurses				
Paramedicals				
Cleaning Staff				
Admn. Staff				
Others				

2. Infection Control

- Formed Infection Control Committee Yes/No If Yes, when .....
- Members of the Committee

.....
.....
.....

- Number of meetings held during the last 6 months.....
- Identification of Infection Control Supervisor/ Monitor(s) Yes/No, If Yes, who .....

3. Universal Precaution Practice:

Hand washing:

Between patients	Y/N
After selective patients only	Y/N
Use of Gloves	
Disposable gloves	Y/N
Reusable gloves	Y/N
Double gloves	Y/N
Heavy duty gloves	Y/N
Use of Syringes and needles:	
Disposable syringes and needles only	Y/N
Glass syringes with disposable needles	Y/N
Glass syringes with metal needles	Y/N
Practice of recapping needles after use	Y/N
Needle cutters	Y/N
Protective eyewear	Y/N
Plastic Gowns	Y/N
Masks	Y/N
Availability & Use of Disinfectants	
Bleach	Y/N
2% glutaraldehyde	Y/N
70% ethyl and isopropyl alcohol	Y/N
Hydrogen peroxide	Y/N

4. Needle stick injury:

Any needle stick injury in workplace	Y/N
Whether Reported to infection Control Supervisor	Y/N
Washing with immediately with water to encourage bleeding	Y/N
Whether counseling given to injured person	Y/N
Whether source patient is tested	Y/N
Any prophylactic medications prescribed	Y/N

5. Medical Waste Management

Segregation of Wastes at source	Y/N
Sharps containers	
Container for biologics and contaminated wastes	Y/N
Container for recycle-able plastic/glass bottles	Y/N
Container for other general domestic wastes	Y/N
Transportation of waste in separate containers	Y/N
Disposal of Waste	Y/N
Use of	
Concrete chamber for Sharps	Y/N
Fenced Landfill for biologically degradable wastes	Y/N
One stage incinerator for burning of general wastes	Y/N
Municipality scavenging truck	Y/N
Recycling of decommissioned and	
Decontaminated plastics/glass bottles	Y/N

6. Blood Safety

Screening for HIV/Hep. B/Hep. C/MP/VDRL	Y/N
Screening of blood	Y/N
Screening of donor	Y/N
Counseling of donor	Y/N
Confidentiality	Y/N
Donation of relatives	Y/N
Donation by volunteers	Y/N

7. HIV Test:

Kit(s) used:
No. of testes done in the past 6 months : Result :
Confirmation with what other 2 reagents/tests:
Consent taken before test:
Pre Test Counseling given:
Post Test Counseling given:
Confidentiality maintained:
Reasons for test are:
1.
2.
3.

8. HIV related diseases/AIDS patients treated during the past 6 months:

OPD	:
Admitted	:
Death	:

9. STDs:

Total STD patients registered during the past 6 months	:
Proportion of STDs among total patients treated	:
Common STDs	:
VDRL Reactive among AN Clinic attendees (%)	:

10. Hepatitis B:

Hepatitis B vaccination for staff	
Free for those at high risk having low income	Y/N
Subsided rate (for the rest)	Y/N

11. IEC Materials:

Availability of:	
Posters/Handouts	Y/N
TV/VCR/Video cassettes	Y/N
Slide projector/slides on HIV/STDs etc	Y/N
Infection Control Guidelines (English)	Y/N
Infection Control Guidelines (Hindi)	Y/N
Guide to Medical Waste Management Plan (English)	Y/N
Guide to Medical Waste Management Plan (Hindi)	Y/N
Other Reference books/literature	Y/N

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QUALITY CONTROL

SET OF STANDARDS FOR NURSING CARE

1. Sitting arrangement in the OPD – one patient and one of his/her relative should have a seat in the OPD

2. Drinking water in the Hospital – continuous supply of safe drinking water.

3. Sanitation in the Hospital

    i) Dustbin in the OPD should be cleaned three times a day and twice a day in other places.

    ii) Floor should be brushed & mopped three times a day.

    iii) Toilets to be cleaned every hour specially in OPD

    iv) Staff should be trained in sanitation. Use of medicines to be started.

4. There should be one person in-charge of the OPD.

5. Waiting time for injections, dressings etc, should be within 15 minutes.

6. Television/VCR should be placed in the OPD to keep the patients occupied during the waiting time for health education & spiritual input.

7. Patient's satisfaction survey to be conducted amongst the 10% average daily OPD attendance.

8. Trained nursing personnel should be available to provide emergency care.

9. All the equipment, Apparatus and electrical points to be found in working condition and ready to receive emergency patients.

10. All the standing orders for various emergencies to be followed.

11. The emergency patient should be shifted to the ward within 15 minutes of admission

12. Nurse Patient Ratio: One Nurse for every three occupied beds plus 30% i.e. 1:3 occupied beds +30%. Nurse means: B.Sc (N)., Ward Sister/Master, RNRM, & ANM. In a 30 occupied bed Hospital you require 10 nurses plus three Ward/Nurse Aides, MPHW. C.H. Dental and Eye Dept. will be excluded from this.

13. Duty room should be close to wards for proper watch and quick access to patients.

14. Beds should be three feet high from the ground for proper cleanliness.

15. For every bed, there should be three (set – three sheets & three draw sheets) for winter season one Blanket per bed.

16. Bed making by nurses once a day & as per the condition of the patients.

17. Toilets in the wards to be cleaned every two hours. Use of machines to be started.

18. Visiting hours for the patients to be two times in a day.

19. There should be a plan for day's work/patient's care. All the medical and nursing orders to be carried out.

20. There should be continuous training of nurses – In-service training programmes, formal training through workshops & seminars.

21. Performance appraisal of nursing staff to be conducted every six months i.e. in July & January month of every year.

22. EHA Manual for twenty common nursing procedures will be prepared.

23. Isolation beds to have ratio of 1:20 including pediatrics.

24. Nurses should be assigned for emergency operations. And must be available quickly for emergency operation.

25. Trained Nurse Anesthetist should be available in each hospital.

26. Labour tables ratio 1:300 deliveries per year. If there are more than 2000 deliveries than it should be 1:400 deliveries per year. There should be minimum two tables.

27. There should be two delivery sets everyday per table.

28. Toilet should be attached to labour room. It should be cleaned every two hourly.

29. There should be a sanitary disposal of placenta.

30. Every hospital must have central sterile supply Department and a horizontal autoclave.

31. Doctor should explain to the patient on various aspects, advise & follow up at the time of discharge and nurses should reinforce it.

32. Patient should be discharged one day before. So that discharge bill should be prepared within two hours next morning. Every Hospital should give discharge summary with recommended medicines.

33. One of the Hospital officers should be assigned to ask patient's on discharge on their complaints / suggestions / appreciation. The literate patients should be asked to register their complaints/suggestions in writing.

EMMANUEL HOSPITAL ASSOCIATION

QUALITY CONTROL

QUALITY CARE & NURSING STANDARDS

OUT-PATIENT

1. Is there a Nurse or any other person in the OPD to guide the patient?
   _____

2. Waiting room facilities for the patients:
   a) Sitting arrangement _____
   b) Drinking water _____
   c) Dust bin _____
   d) Toilets _____

3. Do you have sufficient items for OPD procedures? _____

4. What are the procedures done before the patient is seen by the doctor?
   _____

5. How long the patients haye to wait for injections, dressings etc. are done in the OPD?_____

6. Do you have facilities for maintaining privacy during procedures?_____

7. Do you have hand-washing facility for nurses in the OPD?_____

8. How do you dispose used items (needles, syringes, gloves, soiled items)?
   _____

9. Do you think the patients leave the OPD satisfied/unsatisfied?
   Give reasons for your answer _____

EMERGENCY

1. Do you have facilities to receive emergency patients?
   a) Stretcher/Wheelchair _____
   b) O_2 Cylinders _____
   c) Things for I.V. infusion _____
   d) Suction facilities _____
   e) CPR facilities (air-way, Ambu bag, mouth bag etc)
   _____

2. What usually nurses do before doctor arrives? _____

IN-PATIENTS

1. Is there a qualified nurse on duty always?_____
2. Is the duty room situated conveniently closed to the ward?_____
3. Are their following facilities in the duty room?
   a) Good lighting _____
   b) Chart rack _____
   c) Desk & chairs _____
   d) Sink for hand washing _____
   e) Telephone/intercom _____
4. Good & comfortable beds for patients_____
5. Bed side lockers _____
6. Clean bed sheets, mattress, blankets_____
7. Stool/chair for relatives at the bed side _____
8. Toilet accessible to patents_____
9. Good sluice room (for washing bed pan, urinal, washing soiled linen etc)_____
10. What arrangement do you have at the bed side for collecting garbage?_____
11. Do you have disturbance from patients' relatives?_____
12. Is there a specific visiting hours?_____
13. Are medical & nursing orders carried out in time?_____
14. How do you plan days' work/patient care?_____
15. Do you have set system for procedures?_____
16. How many times do you have staff meeting?_____
17. How many in-service programme do you have in a year?_____
18. Do you have enough nurses as per requirement?_____

ISOLATION

1. Do you have a isolation room/ward?_____

2. What are the facilities provided for :
   a) Patients _____
   b) Nurses _____
   c) Disinfection of material used_____

EMERGENCY ADMISSIONS

1. Do you have drugs available in the ward for emergency use? If not, what provision is made for it?_____

2. Is there a standing order for emergency admission and care immediately?
   _____

3. How long will it take for the doctor to see the patient at emergency admissions?
   _____

OPERATION THEATRE

1. Do you check the following pre-op procedures?_____
   a) Physical/mental preparations_____
   b) Consent _____
   c) Physical condition of the patient_____
   d) Investigation reports_____
   e) Assurance to patients & relatives_____
   f) Patients valuables _____

2. Do you have facilities for immediate & emergency post-operative care:
   a) CPR set
   b) Emergency medicines
   c) Other items as per operation

DELIVERY ROOM

1. Average how many deliveries occur in 24 hours?_____
2. Number of delivery tables _____
3. Lighting in the room – good/poor?_____
4. Number of delivery sets?_____
5. Toilets attached to labour room or not? _____
6. Who conducts normal deliveries? _____
7. How do you dispose placenta etc.? _____
8. Cleaning of room after delivery _____
9. Do you have baby incubator? _____
10. Facilities for baby bath and feeding? _____

C S S D

1. DO you have a separate CSSD? _____
2. Is there a CSSD trained person working? _____
3. What are the methods of sterilization you have? _____
4. Do nurses have to boil things for procedures? _____
5. Do you have an established system of supplying sterilized items and receiving used items? _____
6. How do you make sure that sterility is maintained always? _____

DISCHARGE OF PATIENTS

1. Normally at what time patients are discharged? _____
2. Are patients discharges at any time as per patient's request or doctors convenient? _____
3. Who writes discharge information on the card or slip for the patients?_____
4. Who takes the responsibility of explaining to the patient on various aspects at the time of discharge? _____
5. Is there a mechanism for redressal of grievances of the patients and their relatives?
   a) Literate patients _____
   b) Illiterate petients _____

HOSPITAL CLEANLINESS

1. Cleaning staffs are responsible to whom? _____
2. How many time in a day wards are moped? _____
3. What facilities you have for washing soiled linen? _____
4. How ward & hospital refuses are disposed? _____
5. What precautions do the cleaners take for themselves? _____
6. Are they vaccinated against diseases? _____

NURSES' HEALTH

1. Are all nursing personnel vaccinated against:
   - Tetanus _____
   - Typhoid/Cholera _____
   - Hepatitis B _____
2. Do you have a separate staff sick room? _____

EMMANUEL HOSPITAL ASSOCIATION

QUALITY CONTROL

COMMUNITY HEALTH-QUALITY STANDARDS FOR EHA

EHA's Vision is to be a *"Fellowship for Transformation"* in North India.

Our Vision for Community Health is "To facilitate the transformation of communities served by projects and hospitals. Transformation will be seen in the areas of

- Physical health
- Mental health
- Social health
- Spiritual health

Indicators of transformation will include the following :

❋ **Physical Health:**

- Increase in knowledge of health practices relevant to the community
- Change in health practices/behaviour as far as possible
- Increased choices for healthy practices through income generation/microenterprise development
- Improvement in indices of health e.g. IMR, MMR, nutritional status

❋ **Mental Health:**

- Improvement in literacy levels
- Decrease in superstitious beliefs

❋ **Social Health:**

- Formation of community organizations that help individual members/families
- Change in attitude & perception of women's status

❋ **Spiritual Health:**

- Increase in knowledge of the about the living God
- Individuals/families who worship the living God
- Transformation stories

Our mission statement declares our focus to be communities that are poor & marginalized.

To achieve the above, our main strategies will be as follows:

1. ***Community Organisation*** : Empowering the poor by organising them & enabling them to meet their real needs. This will focus on formation of women's groups & youth groups in villages, which will be the main fora to introduce change & development in the villages.

2. ***Training of potential Village leaders*** : Women & young males will be selected & trained as health/development volunteers. Training will go beyond health to social, economic & justice issues.

3. ***Adult Education & Literacy*** : This is the key to changing people's awareness & willingness to accept changes in other areas of their life. Our focus will be on young adults. Besides the govt. primers, we hope to bring in social & moral values.

4. ***Increasing economic resources*** : This will be done through "Thrift & Credit" groups & by skill training for microenterprise development.

5. ***Health Education & Training/service*** : In basic areas like reproductive & maternal health, child health & nutrition, sanitation & water supply, immunization, Tuberculosis, HIV/AIDS & area specific diseases like Malaria & Kala-azar.

6. ***Networking with missionary agencies*** : Training of their personnel to increase impact.

7. ***Sharing the good news of the gospel of Christ*** : In a culturally appropriate & socially relevant manner.

8. ***Operational Research*** : To increase the efficiency & effectiveness of our interventions.

In the light of the above, our quality standards for Community Health in EHA will be as follows:

INPUT:

1. Leaders with spiritual insight and vision and a commitment to the poor.

2. Skilled, committed & motivated facilitators : Our staff will be trained in technical, managerial & personal/spiritual areas to be persons who care for communities & are able to motivate them & transfer their skills to them.

3. Resource mobilization : will be from multiple sources (donors, communities & government sources)

PROCESS:

1. Baseline & periodic needs assessment

   - Baseline needs assessment using qualitative & quantitative methods
   - Analysis of needs/problems shared with communities
   - Specific needs assessments done as needs arise.

2. Clear goals, SMART objectives & appropriate activities based on needs.

   - Goals, objectives clarified to all team members & volunteers
   - Goals & objectives displayed in public (in Hindi) for all members to see

3. Plan for withdrawal & sustainability of impact.

4. Community Participation in the following:

   - Needs assessment
   - Selection of volunteers for training
   - Resource mobilization
   - Formation of community organizations
   - Monitoring of programs

5. Efficient monitoring systems & evaluation framework-clearly defined indicators

   - Proper systems for record maintenance & retrieval
   - Monthly review of targets vs. achievements

6. Team functioning

   - Members of the team get along/relate well with each other
   - Members pray for one another, are concerned for each other
   - Regular prayer for individuals & groups in communities served
   - Team-building exercises conducted regularly
   - Opportunities provided to listen to staff, get feedback
   - Opportunities for spiritual development & nurture
   - Opportunities for celebrating successes & individuals
   - Periodic review of goals/objectives with team
   - Roles & individual targets clarified & reviewed

7. Strategy for spiritual outreach in place.

8. Plan for operational research.

9. Efficient Management support activities:

A) Personnel Management

- Files for each staff maintained regularly
- Clear job descriptions, reviewed periodically (once a year)
- Performance appraisals done yearly
- Plans for staff development

B) Financial Management

- Proper system in place for cash receipts & disbursements
- Accounting system in place
- Quarterly financial statement with budget vs. actual expenses

C) Logistics Management

- Proper stock books/inventories maintained
- List of suppliers with addresses maintained
- Proper system for purchases

D) Vehicle/Equipment management

- Log books maintained & checked regularly
- Vehicle/equipment serviced regularly
- Records of repairs/maintenance kept
- Vehicle/equipment replacement provided for in Budget

OUTCOME:

Indicators of community transformation evaluated periodically (external evaluation to be done every three years)

- Changes in knowledge, practices (reviews to be done every two years)
- Leadership development
- Community organization formation & development
- Changes in accessibility of resources/services
- Formation of worship groups

EMMANUEL HOSPITAL ASSOCIATION

QUALITY CONTROL

MONITORING COMMUNITY HEALTH PROJECTS

Unit: ..... **Date:** .....

A. SERVICE ACTIVITIES (INTERVENTIONS)

- Are activities on schedule?
- Are targets reached?
- Work standards maintained?
- Any obstacles or constraints?

TOOLS : Forms, registers, reports

B. MANAGEMENT SUPPORT ACTIVITIES

1) Personnel Management:

- Adequate qualified staff in place?
- Training going on as planned?
- Work performance adequate?
- Good team spirit/High morale?

TOOLS: Daily activity reports/diary, attendance register, training reports, supervisor's report.

2) *Financial Management:*

- Accounting system functioning well?
- Monitoring of expenses on monthly/quarterly basis?
- Expenses vs. budget-wise discrepancies?

TOOLS : Monthly financial statement, quarterly budget vs. expenditure statement, audit report-internal/external

3) *Logistics Management :*

- Adequate supplies available on time?
- List of suppliers with address maintained?
- System for purchases functioning well?
- Records of stocks utilization maintained?

TOOLS: Indent/Purchase vouchers, Stock books

4) *Equipment/Vehicle Management*

- Maintained & Utilized effectively
- Regular servicing?
- Taxes paid on time?

TOOLS: Equipment/inventory register, utilization record Long book, repair/maintenance book for vehicle

CHANGES IN THE COMMUNITY

- To what extent have initial problems decreased?
- Any new problems?
- What changes in attitude, perception or behaviour in the community?

- How is the community involved in the process?

TOOLS : Baseline & periodic surveys PRA, Focus groups discussions, KPS studies etc.

Comments of Supervisor:

Areas for follow-up/action:

Form filled by: _____ Date _____ Signature _____

Monitoring of Staff Training

UNIT:

Date:

No.	Name of staff	Designation	Training course attended	Dates	Usefulness	Remarks of Supervisor

Personnel & Training Needs for Units in EHA

Name of Project/Unit: _____

Name of Respondent: _____

Please fill the names & other staff details in the table below:

S. No.	Name of Staff	Designation	Qualifications	Future Training Needs

What personnel needs do you have?

S. No.	Type of Staff Required	Qualifications/Training ; Experience

MONITORING FORMAT FOR THE SPIRITUAL MINISTRY

To be filled out by six members of the permanent staff who have been in the unit for six or more months (two officers, two other professional staff and two non-professional staff)

Date : _____

Unit : _____

Name : _____

1. **Does the unit have a Spiritual Life Coordinating Committee (SLC)?**

   Yes_____ No _____

2. **Names of members :** Chairperson: _____

   Members : _____

   _____

   _____

3. **Number of meetings of the SLC in last three months?** _____

4. **Are you aware of a one-year plan for spiritual ministry that is being implemented?:**

   Yes _____ No ____

5. **Does this plan have the following components?**

   - Objective and or goals
   - Specified dates
   - Regular bible study for staff
   - Staff prayer meetings
   - Spiritual awareness week
   - Outreach plan
   - Budget

6. **Is it achieving it's objectives?** 0%_____ 30%_____ 60%_____ 90%_____

7. **Is there a chaplain?** Yes_____ No _____

8. **Is the chaplain maintaining regular records of the following?**

   - Seekers _____
   - People counseled _____
   - Materials distributed _____

9. **How many people were spiritually counselled by the staff in the last six months?**

_____

(Using 1 = excellent, 2 = good, 3 = average, 4 = fair, 5 = poor)

10. **Is the chapel service :**

- Well organized _____
- Relevant _____
- Practical _____

11. **List the activities engaged by the hospital to reach out to patients and their relatives?**

Activity	Response	(1=excellent, 2=good, 3=average, 4=fair, 5=poor)
_____	_____	
_____	_____	
_____	_____	
_____	_____	

12. **List the activities engaged in by the hospital to reach out to the surrounding community?**

Activity	Response	(1=excellent, 2=good, 3=average, 4=fair, 5=poor)
_____	_____	
_____	_____	
_____	_____	
_____	_____	

13. **List organisations the unit is networking for outreach.**

_____

_____

_____

14. **Is there regular bible studies/nurture groups for the staff? Yes ___ No___**

- How often do they meet in a week? _____
- On the average how many people attend? _____
- Is the bible study relevant? _____
- Is the practical? _____

15. **Is there a separate prayer meeting for the staff? Yes _____ No ____**

- How often do they meet? _____
- How may people attend? _____

16. **Has there been a fellowship meeting in the last three months? Yes____ No____**

    If yes, what activity was planned? _____

17. **How many members of staff have been specially trained in conflict resolution?** _____

18. **Is the EHA daily prayer guide *"Rupantran"* used in the unit? Yes____ No____**

19. **How often does the unit send in prayer requests?**

    - Every month _____
    - Every three months _____
    - Once in a while _____
    - Never _____

20. **List Transformation Stories** (Append separately).

PERSONAL OBSERVATION OF THE PERSON DOING THE EVALUATION

Give each a rating of 1-5.
1=Excellent; 2=Good; 3=Average; 4=Fair ; 5=Poor

- Team spirit among the staff
- Fellowship among the staff
- Patients are treated courteously
- Care is demonstrated in the treatment of patients
- Hospital reflects Christ (love, compassion, warmth, care)
- Interpersonal conflicts are handled properly
- Attendance at chapel (senior staff)
- Attendance at chapel (other staff)
- Relevance of the chapel service
- Content of the bible study
- Participation in the bible study
- Attendance at the prayer meeting
- Staff actively involved in spiritual outreach
- Desire to pray for the patients
- Effectiveness of outreach in the hospital
- Effective follow up of spiritually receptive patients
- Networking for outreach

Reasons for observations:

Recommendations:

Person Monitoring Date Signature

EMMANUEL HOSPITAL ASSOCIATION

QUALITY CONTROL

SET OF STANDARDS FOR HOSPITAL ADMINISTRATION

REGISTRATION

1. The out-patient department of the hospital will remain open for eight hours every day. At least forty hours per week.
2. Average waiting time at the registration counter should not exceed 1½ minutes per patient and not more than 15 minutes waiting time in the queue at the registration counter.
3. The registration clerk must possess.
   a) Knowledge-to read, write and speak two languages, one of which should be local language and also local dialect.
   b) Pleasing personality
   c) Has under gone customer care training
4. Each patient to be seen by the doctor within 30 (Thirty) minutes of his being registered.
5. The hospital to prepare out-patient statistics disease-wise per month and be able to present whenever required-month wise, quarterly, or annually. For this hospital can choose hospital retained/patient retained OPD cards. .

RECORDS

1. In-Patient charts to be maintained as per EHA standard format.
2. In-Patient charts to be kept safely for the last ten years.
3. EHA Disease Classification System list to be followed
4. The service statistics are to be kept in EHA standard format. The service statistics are to be compiled monthly, quarterly and annually. These should be analysed with the financial statements. One copy of the service statistics to be sent to EHA Central Office quarterly.
5. The patient satisfaction survey for both IPD and OPD are to be conducted once in three months.

PHARMACY

1. Pharmacy counter to be opened round the clock.
2. The hospital should have a qualified registered Pharmacist.
3. No stocks of medicines to be kept in the wards. In ICU/Emergency the minimum stocks can be kept which the patient should replenish.
4. The Pharmacy should have cupboards with covered glass to prevent dust and moisture.
5. Only two Iron tonics are to be stocked in the pharmacy.
6. Nearby expiry dates items should be marked distinctly for identification.
7. All the medicines dispensed from the pharmacy should have label containing generic name and description of doses.
8. There should be a definite way to verify the stocks on the pharmacy counter, which can either be maintained manually/stock control machine/computer. The relevant officer and SAO should check the stocks regularly on random basis. The auditor should physically verify the stocks.
9. Prescribed legal procedures to be followed for the Narcotic Drugs.

LABORATORY

1. The Laboratory should provide service round the clock.
2. Each laboratory should have a trained Lab Technician preferably with 2 years Diploma.
3. Investigation reports should be delivered to the patients with in three hours of receiving the samples. Whenever it takes more than eight hours for the reporting the patient should be clearly informed.
4. The system of quality control to be established by
   a) Sending samples to CMC-Vellore
   b) External expert to double-check the report.
5. The stocks in the Lab should not exceed the value of one week's consumption. The Lab should maintain monthly consumption statement of Chemicals, Reagents and Kits used during the period. The relevant officer and SAO should regularly check the stock against the work carried out by the Laboratory.
6. To double-check the blood received from outside blood bank before transfusion.

X-RAY

1. The x-ray department should be opened as per the OPD timings and also should provide emergency services.
2. The x-ray report to be delivered with in one hour.
3. The system of Quality control should be established by checking the quality of work by the external expert.
4. The x-ray department staff should be provided radiation protection.
5. The stocks in the x-ray department should not exceed the value of one week consumption. The department should keep monthly consumption statement of films, chemicals and other consumables. The relevant officer and SAO should check the stocks against the work carried out in the department.

TECHNICAL SERVICES

1. Each unit should have a separate maintenance department.
2. The requisition slip should be prioritized giving first preference to the hospital services. The requisition should be attended and work completed with in three days of the requisition. The delay for reasonable causes should be conveyed to the concerned persons.
3. Logbook for each vehicle and generators should be maintained strictly.
4. The stocks in the department should be kept at the minimum level of Rs. 1000/- and maximum level at Rs. 5000/- at one time depending upon the bed strength and workload of the hospital. The relevant officer should check the stocks against the work carried out in the department.
5. Each hospital should have a preventive maintenance schedule for various equipment's and machines.

HUMAN RESOURCE MANAGEMENT

1. Each hospital should keep strict vigil on the staff strength. The ratio should be 1 staff per bed (1:1)
2. Orientation program for the all new employees should be organised which should include
   a) EHA – Vision and Mission statement
   b) EHA policy of employment and relevant rules
   c) Awareness about Organisational Culture
   d) Specific unit rules
3. Appointment letter and agreement should be issued to all the categories of staff. Each staff should have a separate personnel file.
4. The employees should have a specific job description.
5. Minimum wage should be paid to the daily-paid workers as per the Minimum Wage Act of the related state.

6. The Performance Appraisal for all the categories of staff should be conducted in six months i.e. July & January month of every year..
7. Staff development plan for each individual staff should be prepared.
8. Disciplinary Action should be dealt with in accordance with the EHA Policy of Employment for the erring employees.
9. The employees on retirement should be given one year notice ahead.
10. Staff meetings, officers meetings, and UMC meetings should be conducted regularly.
    a) Staff meeting once in a month
    b) Officers meeting once in a week
    c) UMC once in a month – second Saturday of every month

FINANCIAL MANAGEMENT

1. The patient's bills and receipts should be checked regularly preferably before it is handed over to the patients.

2. The person who prepares the bill should not receive the cash. Principle: The person who handles cash should not write books.

3. Cash on the counters should be physically verified twice a week without notice.

4. Daily cash folio showing the daily opening balance ,receipts ,payments and closing balance should be prepared and shared with the Medical Superintendent and Nursing Superintendent.

5. Everyday, the cash should be verified physically by the Administrator or where there is no Administrator, by Administrative Assistant (Finance) or by any other person authorized by the SAO.

6. Each Unit should have pre-numbered duplicate receipt book and payment voucher book for both petty cash payments and major payments. Each voucher be supported by Bill / Invoice.

7. Each payment should be authorized by the Administrator or in his absence, by the SAO. Marked with 'approved' stamp mentioning quantity, date of receipt and computation correct.

8. All the Units to have computerized accounting using TATA-EX NGN software. However, for safety reasons, one set of Cash Book should be maintained. Other special books such as Patient Fees Account Book, Charity Register, Petty Cash Book, Dispatch Register, Log Book for each vehicle must be maintained.

9. All the investments of surplus must be made in secured deposits. No investment is allowed in non-banking institutions.

10. Each hospital should have a Purchase Committee to guide and control the purchasing function.

11. Each item should be purchased only on the official order signed by the authorized officer.

12. The stores procedures should be followed strictly and records maintained up-to-date.

13. One week/two weeks supply- to be stocked in the stores. Standard for Just-in-time (JIT) technique.

14. ABC analysis for the store should be carried out. A, B, and C items should be displayed.

15. No medicines are to be kept in the wards. In Emergency and ICU, stocks should be replenished. In other outlets- Lab, X-ray, O.T etc one weeks supply is the standard.

16. The relevant officer should carry physical verification of the stocks in the stores and outlets twice a week.

17. Purchase audit of the items stocked in the stores should be done on random basis.

18. There should be written down Credit Policy (where applicable) and Charity Policy for each hospital.

19. Only one of the Hospital Officers should authorize the.charity.

20. Amount of charity allowed in the patients receipt book should tally with the charity register.

21. Each hospital should prepare monthly financial statements, monitors and ratios. These are to be analyzed with the service statistics and should be presented in the UMC in its monthly meeting of second Saturday of each month.

22. All the payments must be authorized by the UMC every month.

23. Budget- performance focussed and reflects the objectives, policies, new initiatives and aspirations of the hospital. Should follow the schedule for the budget preparation. All the officers, UMC members, various departments and staff members should be involved in the budget making process. Revenue budget and capital budget should be separately prepared.

24. Budgetary control- income and expenses heads should be compared with budget, service statistics and other objectives. Variations should be analyzed.

EMMANUEL HOSPITAL ASSOCIATION

Module for Customer Care Training

WHY CUSTOMER SERVICE MATTERS?

Our hospitals are directly involved with people who are sick and under stress. Everybody in the hospital directly helps the patients and their relatives. For us the customer is patient. Our internal customer is the staff member right from doctors, Nurses, Paramedical, Adm. Staff, Chaplaincy Staff, Maintenance and non-professionals.

Day by day, the expectations of the patients are increasing. Their demands are continually growing. Our standards for customer services always need to be on the upward curve. How we deliver our service at each point of contact is becoming more important.

Only excellent services get noticed. Will our patients "write it off to experience" and go elsewhere next time? Are our hospitals the center where patients want to come back? The dissatisfied patients don't tell you. They tell their friends. It turns with horror story. Whole lot of village after village will not come to your hospital.

1. ATTITUDE & BEHAVIOUR

This module is for the Registration clerk/office staff – Billing Clerks/Cashiers, window Ayahs/ Peons and others who are involved in the out-patients/emergency admission of the patients. These are the staff members with whom the patients/their relatives have their first encounter and from whom they receive most informal information about the hospital, doctors, nurses, paramedicals, equipment/machines, reliability of services etc. it is necessary that the staff on these points **converse in Hindi** and in **local dialect**. Know the mannerism of the area, greetings, way of address avoid unpleasant local words.

'May I help you' attitude is essential. Greet patient in locally familiar & warm manner. In some places, Namaste, Salaam, Pranam is used. Tribals may have different way. Greetings with folding hands is liked in some places. If patient's relative greets you, respond appropriately in local familiar manner. Avoid : (1) indifference - as if very busy in writing registers; (2) Aggressiveness - if the relative is not in queue or does not answer your question correctly (3) Over familiar tone – They get suspicious (4) Cold politeness-Looking the other way & answering questions.

Prompt Attention: Minimize waiting time at the office counters. Attend them immediately. Avoid (1) chatting with your colleagues inside while patient is kept waiting (2) dealing with your friends or influentials jumping the queue or from inside the counter. If the queue for registration is long, send word to your superior for help to open another window.

Patient should be regarded as a valued person who is visiting you in stress and need. Person who is in the image of God. Treat them as if Jesus Himself is visiting you. Do not take them as nuisance. – " from where have you come?". They should leave you pleased. They should feel that his was the hospital where we were valued. They should not leave you annoyed, frustrated, powerless etc. The experience at your hospital first time will prompt them to tell others in the village (good or bad). Either they'll stop coming or send ten others. It is a chain reaction.

2. KNOWLEDGE & SKILLS

The Regn./Office/Off Staff must know what services are delivered in the hospital-availability of doctors, their specialty, paramedical services, equipment/machines etc. The systems and procedures of the hospital e.g. lab accepts sample up to which time, no test will be done without payment etc. They must get competence in certain essential skills.

- Getting it right the first time
- Listening to patient's relatives
- Handling complaints in a constructive way
- Being assertive when under pressure
- Communicating clearly
- Making it easier for your colleagues to help the patients

Good patient service is based upon not just on the skills of the individual but also upon the way the hospital as a whole from top to bottom, pulls in the same manner and presents a clean, positive message to patients. The standards of quality and behaviour (what the hospital promises, it must deliver). Administrative procedures – simple, less cumbersome so that, employees can be responsive to patient's needs. Management style look towards long term credibility.

3. COMPLAINTS

Turn complaints into opportunities. The office/OPD staff always face the patient's relatives first. To patients complaints

- always respond promptly and helpfully e.g. I went to X-ray department and there is no one to attend. Send immediately someone with the patient to the department to verify & satisfy him.
- Don't reasonable complaints escalate into Life-and-death dramas.
- Once the problem is sorted out reassure the patient about the quality of standards your hospital provide.

There are benefits of complaints. Encourage patients to tell you how they feel and react to our services. It offers an opportunity to prevent complaints in future. Improve and simplify procedures, eliminate defects. Behaviour towards patients becomes good. Hospital becomes patient oriented.

Handling complaints:

- Identify yourself and always offer to help "If I had been in your place"
- Don't get aggressive or argue about complaints agree that the problem exists and put yourself on their side.
- Identify the leader if there are more persons, politely ask his name and address him by name. Don't tell them what you can't do for them, emphasis what you can do
- Ask for the facts – check that you have heard them accurately and try not to jump to conclusions before you have all the information.
- Admit mistakes and apologize for them - resist the urge to blame other departments.
- Only make promises about matters on which you personally can deliver.

4. LISTENING SKILLS

If you want to give your patients best services put right something that has gone wrong and work effectively with your colleagues, then you need to develop the skills of accurate listening.

I. Effective listening means not talking –

- They talk you listen – the ratio should be 80:20 or even 90:10
- You don't interrupt (unless they are way off the subject or you are failing to understand what they are saying)
- You pay attention to what they are saying
- You make written notes of key points.

II. Check out that you have understood what has been said.

- Ask question to clarify anything you are unsure about.
- From time to time give reflective summary, which briefly paraphrase, what the other person has been saying
- Don't "time out" the things that you might be less pleased to hear

III. Demonstrate that you are listening by means of your

- Eye contact – maintain frequent contact without giving the impression of a fixed stare.
- Body posture – be comfortable, not stiff, open rather than with defensively crossed arms; lean slightly towards the person.
- Interested tone of voice.

IV. Build the relationship with the other person.

- Give them space to let off steam
- Show that you can see things from their viewpoints.
- Use the other person's name.
- Focus upon positive action to the future.
- Include them as contributors to your planned actions – "we can sort this out together.

V. Treat listening as a diagnostic process:

- Where errors have occurred resist the urge to argue, to defend or to excuse.
- Admit mistakes and apologize sincerely.
- Even if the request or problem sounds familiar, don't jump to conclusion.
- Look for solutions and not obstacles.

5. ASSERTIVENESS

There are three basic types of behaviour that are of interest – passive, aggressive and assertive. What makes each type different from the others lies in your feelings about

yourself and your feelings about other people. It is important that you remember that there are times when either passive or aggressive behaviour may be the best response to a situation confronting you. However, it is important that you remember that if you are habitually passive you will damage your self-esteem. If you are habitually aggressive, you will damage your physical health. "Assertive" behaviour is based upon thinking about yourself and others as being more or less the same in terms of activities and status. You can do something that I can't and I can do something that you can't. Assertive people know what they want and can ask for it in a way that does not damage either their own self-esteem or the other persons.

6. COMMUNICATION

Use clear, comprehensible language in all communications. Be sensitive to local dictums. In Bihar, it is important to address everyone, child to old, as "*Aap*" "*Tum*" is offensive. Be polite and respectable. Good communication makes the patients feel that they are welcomed and honoured.

A slogan to sum it all up:

- **Exceed** patients' expectations
- **Enhance** the reputation of your hospital
- **Excel** in everything you do.

EMMANUEL HOSPITAL ASSOCIATION

QUALITY CONTROL

MONITORING FORMAT FOR HOSPITAL ADMINISTRATION

REGISTRATION

1. The Hospital OPD opens at _____A.M. every day. The OPD closes at _____P.M. (8 hours every day. Atleast 40 hours a week) ☐

2. The evening OPD begins at _____P.M. and closes at _____P.M. ☐

3. The emergency/causality registration remains open 24 hours ☐

4. List of the doctors are displayed at prominent places ☐

   a) Near to the Main entrance ☐

   b) Near registration counter ☐

   c) In side the OPD premises ☐

5. Please specify the average waiting time at the registration counter per patient and the waiting time in the queue at the counter.

6. Do you have hospital retained cards (OPD) ☐

   If yes, a) Do you face delay in retrieving the records? ☐

   b) Do you have reports of missing cards? ☐

   c) What system you follow to avoid these problems? ☐

7. Do you have patient retained cards (OPD) ☐

   If yes, a) Does it effect the revisits of the patients? ☐

   b) Does it build the confidence of the patients in the hospital services? ☐

   c) Have you faced any legal problem in the past six months because of these cards? ☐

   d) Do you think it poses a threat to your hospital services? ☐

8. Whether the appointment of registration clerk have following considerations

   a) He/ She possess good communication skills ☐

   b) He/ She possess pleasing personality ☐

   c) He/ She has under gone customer care training ☐

RECORDS

1. Whether the IP charts are as per the standard format of EHA? ☐
2. Charts are filled up properly? ☐
3. Does hospital take medical legal cases? ☐

   If yes, all the legal procedures followed or not? ☐

4. How many years IP charts are kept _____
5. What precautionary measures you take to protect the IP records?
6. Do you have a qualified person to keep medical records?

   a) Locally trained? ☐

   b) CMAI – MRT? ☐

   c) Any other? ☐

7. Do you have a discharge summary form for each chart? ☐

   a) Duplicate? ☐

   b) Triplicate? ☐

   c) Do you follow EHA-Disease Classification System list? ☐

   d) Does your hospital use EHA standard format of service statistics? ☐

   e) Who is responsible for collection and presentation of these statistics? ☐

   f) Reports available to the Administrator/SAO/Medical Superintendent. ☐

      (a) Daily ☐

      (b) Weekly ☐

      (c) Monthly ☐

      (d) Quarterly ☐

      (e) Yearly ☐

(f) Are these statistics are analysed regularly by concerned officers and departmental heads? ☐

(g) Are you comparing these statistics with the financial statements? ☐

(h) Do you send the service statistics regularly to EHA-Central office? ☐

(i) Date of last service statistics sent? ☐

(j) Have you been able to initiate any major change from the information you have received from IP/OP ☐

(k) Has the Patients Satisfaction survey been conducted for both IP/OPD ☐

Date of last survey conducted _____

Indicate two significant improvements after the survey

1.

2.

If not conducted give two reasons?

1.

2.

PHARMACY MANAGEMENT

1. The pharmacy counter opens at _____A.M. and closes at _____P.M.
2. The night pharmacy opens at _____P.M. and closes at _____A.M.
3. Give the size of the pharmacy counter room

   a) Height _____ft b) Width _____ft c) Length _____f
4. Do you have cupboards covered with glass to prevent dust and moisture? ☐
5. Do you have a qualified registered Pharmacist? ☐

   a) D/Pharm

   b) B/Pharm
6. Do you have Drug License, If yes state Drug License number? ☐
7. Do you keep Drugs & Cosmetics Act (Recent Edition) of your state? ☐
8. Do you have Drug Reference books in the Pharmacy such as SIMS/MIMS/DRUG TODAY/etc. ☐
9. Do you compound mixtures, lotions, ointments, etc. ? ☐

10. Number of items stocked in the Pharmacy

    a) Tablets

    b) Capsules

    c) Injections

    d) Syrups

    e) Ointments

    f) Surgical Items

    g) Other items

11. How many types of tonics are stocked in the Pharmacy? ☐

12. Do you check the expiry date of the Drugs? ☐

    Nearby expiry date items are marked for identification ☐

13. If the expiry date is not mentioned how do you decide the life of the drug? ☐

14. Do you check the pharmacopoeia specification on each drug, batch number, and drug license number of the manufacturer? ☐

15. Do you have ways to collect information about banned drugs in your area? ☐

16. Are you keeping banned drugs in your pharmacy? ☐

17. Is there a report of expiry date drugs being disposed during the last one year? What procedure you will follow for this? ☐

18. Do you label all the medicines dispensed and the label contains generic name? ☐

19. Does the Pharmacy make the list of medicines available in the stock to all the doctors? ☐

20. Does the Pharmacist maintain daily drug consumption register through

    a) Manually ☐

    b) Stock Control Machine ☐

    c) Computer ☐

21. Is there a way to verify the stocks on the Pharmacy counters? ☐

22. Is there a random checking for the pharmacy counters? Mention last date of check _____ ☐

23. Does the auditor physically verify the stocks at the pharmacy counters? ☐

24. Do you follow the prescribed legal procedure for the Narcotic Drugs? ☐

25. Do you involve your Pharmacy staff in preparing the ratios and analyse the out come with them? State one initiative taken after the ratio analysis. ☐

26. Do you involve your Pharmacy staff in budget making process? ☐

27. How do you get the participation of your pharmacy staff in budgetary control? ☐

LABORATORY

1. The Laboratory opens at _____A.M. and closes at _____P.M.

2. The emergency services are available from _____P.M. to _____A.M.

3. The size of the laboratory section is:

   a) Length _____ft. b) Breadth _____ft. c) Height _____ft.

d) Number of rooms _____, give detail

4. Do the patients have enough waiting area? ☐

5. How many Lab technicians do you have? ☐

   a) Two years DMLT, Ludhiana, Ambala, St. Stephens ☐

   b) One year course ☐

   c) Locally trained ☐

6. Details of other staff in the Laboratory.

   a) Assistants ☐

   b) Multi Purpose workers ☐

   c) Cleanliness staff ☐

   d) Any other ☐

7. List of Equipment's and apparatus?

8. What special tests you perform in your Lab give list.

9. Investigations report is delivered with in _____mts/hrs

10. Do you inform the patient if the report takes more than 8 hours? ☐

11. Are you maximising your Lab utilization? Does hospital laboratory caters to the referral from outside doctors? ☐

12. Do you maintain your laboratory at the highest standard of cleanliness and hygiene? ☐

13. How do you dispose of your Blood, Urine, and Stool specimen ☐

14. Does the hospital have a system of quality control? ☐

    If yes, give details

    a) Sending samples to Vellore ☐

    b) By getting external experts to double-heck

15. Do you double check the blood received from out side blood bank ☐

16. Do you have a Blood Bank license, if yes state the license number? ☐

17. Does your Laboratory keep all the records for the work carried out?

18. Do you keep stocks in the Laboratory? (Not exceed one week supply.) ☐

    Give the value as on _____ ☐

19. Do you keep the monthly consumption statement of Chemicals & Reagents/Kits? ☐

20. Do you keep the monthly consumption comparison with the tests carried out? ☐

21. Do you involve your Lab staff for the preparation of Lab ratios and analyse the out come with them? ☐

22. State one initiative taken after the ratio analysis. ☐

23. Do you involve your Lab staff in the Budget making process? ☐

24. How do you get the participation of Lab staff in Budgetary Control? ☐

X-RAY DEPARTMENT

1. The x-ray department opens at _____A.M. and closes at _____P.M.

2. The department provide emergency services from _____P.M. to _____A.M.

3. Describe the number of X-Ray machines:

    1)_____M.A, Year of make _____Company_____

    2)_____M.A, Year of make _____ Company_____

    3)_____M.A, Year of make _____ Company _____

4. After sales service is available ☐

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5. Do you have a Maintenance contract? ☐

6. How many x-ray Technicians do you have ☐

   a) Two years Diploma Course ☐

   b) One year course ☐

   c) Locally trained ☐

7. Details of other staff in the Department

   a) Assistants ☐

   b) Multi-Purpose workers ☐

   c) Cleanliness staff ☐

   d) Any other staff ☐

8. What special Investigation of x-ray & other are performed in the Department

   a) Special x-rays: 1.

   2.

   3.

   b) Ultra-Sonography ☐

   c) ECG ☐

   d) Endoscopy ☐

9. Investigation report is delivered with in _____mts/hrs.

10. Number of x-rays done per day? _____

11. Do you provide Radiation Protection to your staff? ☐

12. Do you have a quality control check from external expert? ☐

13. How do you dispose of used developer and fixer and x-ray films? ☐

14. Do you inform the patient if the report is expected to take more than 8 hours? ☐

15. Do you have reports of films being wasted? ☐

    If yes, state reasons:

    a) Bad films ☐

    b) Inadequate dark room/drying ☐

    c) Incompetent Technician ☐

16. Do you maintain register with complete details for the x-ray done? ☐

17. Do you take the monthly consumption of films, Fixer & Developer, Jelly etc? ☐

18. Do you involve your X-Ray staff in preparation of X-ray Ratios & Analyse the outcome with them? ☐

    State one initiative taken after the ratio analysis.

19. Do you involve your X-Ray staff in Budget making process? ☐

20. How do you get the participation of X-Ray staff in Budgetary Control? ☐

TECHNICAL SERVICES

1. Do you have a separate Maintenance Department? ☐

2. The Department provides services from _____A.M. to _____P.M.

3. The emergency services are available from _____A.M. to _____P.M.

4. Describe your Maintenance Department.

Department		Maintenance Staff	
a) General Workshop	☐	a) ITI Diploma Electrician	☐
b) Motor Garage/Repair Shop	☐	b) ITI Diploma Motor Mechanic	☐
c) Carpentry Section	☐	c) ITI Diploma –Any other	☐
d) Masonry Section	☐	d) Other :General Workers	☐
		Carpenters	☐
		Masons	☐

5. Do you maintain the inventory of tools kept in the maintenance department? ☐

6. List out the Equipment's

   a) Generators ☐
   b) Transformers ☐
   c) Welding Machines ☐
   d) Compressor ☐
   e) Saw Drill ☐
   f) Concrete Mixer ☐
   g) Any other ☐

7. Do you have Equipment sheet separate for each equipment giving details on

   a) Manufacturer Name ☐
   b) Year of make ☐
   c) Warranty/Guaranty period ☐
   d) User Manual ☐
   e) Phone number/e-mail number of the company ☐
   f) Spare parts availability ☐

8. Do you have a preventive Maintenance Schedule? ☐
9. Do you have a requisition slip for Maintenance work? ☐
10. Who is authorised to file the requisition slip_____
11. How the requisitions are prioritized

    a) Hospital Services ☐
    b) Staff Quarters ☐
    c) Hospital Campus ☐

12. Please specify the time taken for the job to be completed ☐
13. Do you have schedule for water tank cleanliness? ☐
14. Do you have logbook for each vehicle? ☐
15. Do you prepare vehicle running cost ratio & analyse with your staff in the department? State one initiative after the ratio analysis ☐

16. Do you send your vehicles for regular maintenance-Hospital workshop/Out side workshop ☐

17. Do you plan for replacement of vehicle/generators ☐

18. Do you keep the stocks and spare parts in the maintenance department? ☐

    Please give the value _____

    a) Stocks_____

    b) Diesel_____

    c) Kerosene_____

19. Do you have electricity sub meters for the staff quarters?

20. Do you involve your Maintenance staff in Budget making process and seek their participation in Budgetary control? ☐

HUMAN RESOURCE MANAGEMENT

1. Total number of employees _____

    a) Professional _____

    b) Non-Professional _____

    c) Daily wage workers _____

2. Is there any regular orientation programme for the new employees?

    a) EHA-Vision & Mission statement

    b) EHA policy of employment

    c) Awareness about Organisational Culture

    d) Specific unit rules

3. Is the Appointment letter and agreement issued to all the categories of staff?

    a) Professional-Regular/Contract

    b) Non-Professional –Regular/Contract

4. Whether the new employee is given specific job description?

5. Do you have team work with well defined roles

   a) Out-patient Department

   b) Various wards

   c) Operation Theatre

   d) Labour Room

   e) Maintenance

   f) Administration & Business Office

   g) Paramedical Department

   h) Cleanliness Staff

   i) Security Department

6. Do you pay minimum wage to your daily paid workers as per the Minimum Wage Act or relevant labor laws of your state?

7. Do you conduct regular Performance Appraisal at six-month interval?

   State two instances where Performance of the employee have improved

8. Do you have staff development plan for each individual staff?

   a) Formal training's

   b) Workshops & Seminars

   c) In-Service Training

9. Do you regularly meet for staff meeting?

   Give the date of last meeting _____

   State one initiative, which you have taken at the recommendation of staff meeting.

If you have not met for last six months, give reasons.

10. Do you have social gatherings of the staff

a) Staff get-together
b) Picnics
c) Sports & Games
d) Melas
e) Competitions
f) Cultural Programmes
g) Any other

11. Do you have list of employees giving details about retirements?

The employees on retirement are given written notice one year before

12. Do you have list of employees giving details

a) Date of Appointment
b) Date of Birth
c) Date of next Increment/EB crossing/ Promotion in Scale
d) Date of next installment of Experience Allowance

13. Do you share vital information with your employees?

a) Service statistics
b) Financial results
c) Amendments in rules & regulations

14. At the Unit top management level, how do you build up team spirit-through?

a) Officers meeting-Daily/weekly/monthly
b) Officers prayer meeting-Daily/weekly/monthly
c) Unit Management Committee Meeting-Weekly/monthly/quarterly
d) RAT/SWOT analysis
e) Informal meetings

15. List out your UMC members.

THE COMPUTER ASKS THE FOLLOWING:

1. Does your hospital have a computer?

   If yes, what type of computer do you have?

   486 ☐ Pentium I ☐ Pentium II ☐ Pentium III ☐

2. Do you have separate room for computers?

   Is it dust free and air-conditioned? _____

3. What Operating Systems do you have on your computer?

   MS-DOS ☐ Windows 3.1 ☐ Windows 95 ☐ Windows 98 ☐

   Is it Legal copy (Licensed) or pirated? _____

4. What database program's do you have on your computer?

   MS Access ☐ FoxPro ☐ EPINFO ☐ Lotus 1-2-3 ☐ dBase III ☐

   What for you are using this database program? _____

   Is it Legal copy (Licensed) or pirated? _____

5. What Anti Virus Program are you using on your computers? _____

   Is it Legal Copy (Licensed) or pirated? _____

   If it is licensed copy how often you are upgrading it ? _____

6. Which of these programs do you have?

   MS Word ☐ MS Excel ☐ PowerPoint ☐ PageMaker ☐

   Word Star ☐ Oracle ☐ Any other ☐

   Are these programs Legal copies (Licensed) or pirated?

7. Do you have UPS-Uninterruptible Power Supply?

8. How do you backup your work?

   Floppy ☐ Zip Disk ☐ Tape ☐ No backup ☐

9. Who uses the computers at your hospital?(Write Name & Designation)

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____

10. What type of work is done on the computer?

Accounting ☐ Salaries ☐ Stock Inventory ☐ Billing ☐

Work processing ☐ Pharmacy ☐ Hospital records ☐ Other work ☐

11. Are you using E-X-NGN for accounts?

12. How often do you take printouts of your financial statements?

Monthly ☐ Quarterly ☐ Yearly ☐ Not taking ☐

13. Are you taking printouts of cashbook and ledger regularly?

If yes, then Daily ☐ Weekly ☐ Monthly ☐ Never ☐

14. How often do you post the transactions in the E-X-NGN?

Daily ☐ Weekly ☐ Once a while ☐ Never ☐

15. Do you maintain your accounts manually?

Both cash book & Ledger ☐ One cashbook ☐ None ☐

16. Do you make your complete salary register in the computer? ☐

17. Do you prepare ratio analysis in computer with the help of prescribed guidelines? ☐

18. Which of the following work you are doing in Excel?

Stores & Inventory ☐ Service Statistics ☐ ABC Analysis ☐

PF Statements ☐ Staff details ☐ Graphs/Charts ☐

19. Do you use floppy disks from outside the hospital in your computers? ☐

21. Do you scan the outside floppy disks with virus scan? ☐

21. Do you have any games on you computer? ☐

If yes give the names?

22. Are you getting any computer magazine? ☐

If yes, which magazines are you getting_____?

Is it subscribed copy or stand copy_____

23. Do you have a service contract for your computer? ☐

If yes how much you are paying?_____

EMMANUEL HOSPITAL ASSOCIATION

QUALITY CONTROL

PROFORMA FOR IN-HOUSE FINANCIAL MONITORING

HOSPITAL

(The purpose of in-house financial Monitoring is not to act as 'supervisors' or to find faults, but to be the part of the Hospital Team to improve the financial performance of the unit. The main objectives are:-

1. *The accounts are kept in the same uniform manner as in other EHA hospitals/ Projects.*
2. *The systems (accounting procedures and practices) are in place.*
3. *To appreciate the good work and help the others by suggesting time-bound improvements.*
4. *To enable the unit to see one step ahead to check wastage and pilferage.*

To these ends, the following survey sheet will serve as guideline. However, the officer-in-charge assigned to the unit will be at liberty to check all the records/books of accounts and call for any other relevant information)

The scoring rate : Good :10 *Satisfactory : 5* *Poor : 0*

I. RECEIPTS

1. General Receipt for Each Money Received

a) Is There a Receipt Book ☐

b) Is Receipt Book is pre-numbered ☐

c) Receipts are dispatched ☐

2. Patient's Fees

a) OPD : Are the bills raised ☐

Are the receipts issued ☐

Receipts manual-Duplicate/Triplicate ☐

Cash Registrex Machine ☐

Number of Points/counters to receive cash ☐

b) IPD : Are the bills raised

Patients billing is done daily/Weekly/None ☐

Is there a patient fees Register ☐

Receipts : Manual/Duplicate/Triplicate ☐

Cash Register ☐

Number of points counters to receive cash ☐

Does same person issue bills and receive cash ☐

3. Main Cash

Are all the receipts receipted for in the Receipt Book ☐

Are days receipts daily banked ☐

Does same person handles Cash and write books ☐

4. Control

Is there a random check on Patients bills & receipts-how often ☐

Is cash tallied with the balance of daily cash folio everyday ☐

Does the Administrator/SAO physically verify the cash everyday ☐

Does the auditors tally the patients bill with the patients chart & verify receipts ☐

Has any patient ever complained that there is a discrepancy between what he paid & the actual receipt ☐

Physically verified the cash with the cashiers on the counters & for main cash ☐ SCORING:

II. PAYMENTS

1. Petty Cash Payments

Is there a Petty cash book ☐

Is there a pre-numbered petty cash Voucher ☐

Authorised amount for petty cash ☐

The amount upto which the payment can be made ☐

Petty cash book is balanced & check everyday ☐

2. Major Payments

Mode of payments either by cash or cheque ☐

Who authorizes the payments ☐

Is there a pre-numbered duplicate Voucher ☐

Voucher details are filled up properly ☐

Is the voucher supported by a Bill/invoice ☐

Is there a procedure for payments

- Supplies or services were ordered ☐
- All the computations vertically & Horizontally are correct ☐
- Items listed in the invoice/Bill have been received or services describe have been performed ☐
- Items, price, terms & quantity agree with the purchase order ☐
- Each voucher is marked with approved stamp mentioning quantity, date of receipt, computation correct ☐

SCORING:

III. FINANCIAL RECORDS

Cash book ☐

Ledger ☐

Purchase journal ☐

Journal proper ☐

Patients fees account book ☐

Charity register ☐

Petty cash book ☐

Dispatch register

Log book for each vehicle

Telephone register

Salary register

SCORING:

IV. BANKING PRACTICES

How many bank accounts are maintained

Saving Bank

Current A/c

Bank signatories :

Names.....

.....

.....

.....

Are all the cheques received deposited the same/next day

Is there a complaint anytime that your cheque is dishonored by the bank far low balance

SCORING:

V. INVENTORY MANAGEMENT

Do you have a formal purchase committee

Do you keep minutes of the meetings

Date of its last meeting

How the demand for items to be ordered arise

Who prepares the order

Do you have proper order form

Who authorises the order

Whether the order is followed up & by whom

Do you have transport receipt register

Do you have a separate person assigned for store keeping ☐

Does the consignment on its arrival checked against the suppliers invoice ☐

Any storage & damage is noted or not ☐

Is the copy of the purchase order available with the store ☐

Are the goods received checked against the order & any item not revived against the order is returned or not ☐

Are the checking of the goods is done as per the specification mentioned in the order ☐

Do you have Goods Received Register, is it maintained regularly ☐

Is the invoice marked and stamped with details of date of receipt reference of GR & indication of computation correct ☐

How soon the invoices sent to the accounts office for payment ☐

Is there monthly rotation to make the payments to suppliers ☐

Do you maintain Bin cards for each items ☐

Does your Bin card depict issues, receipts & Balance, month wise consumption ☐

Do you have the names of the officers/persons who are authorised to sign the requisition slips ☐

Do you have a written form for requisition ☐

Are the items in the requisition described properly with all these specifications ☐

Are these specific day assigned for different department for indenting departments ☐

How the pricing of the item is done ☐

Is the periodic stock verification is done how often and by whom

Do you have ABC analysis carried out for your stores. AB & C items are displayed ☐

Do you keeps stocks of items for 15 days consumption

How many outlets are there in your hospital where various items are kept.

Is there a periodic verification of stocks in these outlets how often and by whom

Is there a report of wastage/pilferage in these outlets

Do you have system of purchase audit where the prices of the items in the store are checked with atleast 4-5 suppliers, how often and by whom

The change in price is informed by the stores to the cashiers immediately or not

SCORING:

VI. CHARITY CARE

Is there a written down charity policy in the hospital

Who authorizes the charity

All the in-patients who receive charity put their signature in the charity register or not

Does the amount of the charity allowed in the receipt book tally with the charity register

SCORING:

VII. FINANCIAL MONITORS, RATIOS & STATEMENTS

All the financial monitors, ratios are prepared monthly or not

All the concerned departments are involved in the exercise of preparation & analysis of rations

The financial statements such as trial balance, income & expenditure account monthly and balance sheet is prepared or not

All these statements are presented and analyzed in the UMC or not

All the payments are authorised by the UMC or not

SCORING:

VIII. BUDGET

Do you have a schedule for the budget preparation	☐	
Who are all involved in the budget preparation exercise	☐	
How the capital budget is prepared	☐	
Do you consider the justification for the capital need and scientifically weigh all the pros & cons	☐	
All the deviations in the financial statements are analysed or not	☐	
Is there a need to revise your budget	☐	SCORING:

This represent the period from .....to.....

Officer in-charge

In-house Financial Monitoring Date.....

EMMANUEL HOSPITAL ASSOCIATION

OBJECTIVES FOR THE PERIOD 01/08/99 TO 31/07/2000

1. Executive Secretary / Medical Secretary

1. Recruit 8 (eight) Senior Doctors and 10(ten) Junior Doctors.
2. Prepare Module for Bedside manners.
3. Stabilize Kachhwa, Lakhnadon, Fatehpur, Madhipur.
4. Nursing Training - future.
5. Raise funds for Dapegaon and Makunda.
6. Push Quality Control Process.
7. Recruit - Nursing Secretary and Medical Secretary.
8. Fellowship meeting of SAOs and Medical superintendent.

2. Secretary for Hospital Administration

1. Recruit two Administrators.
2. Prepare a module for Customer Care Training for the Registration / Office staff. Impart this training dividing EHA Units in three groups.
3. Reduce the waiting time at the Registration Counter and bring it to the level of our standard- should not exceed 1.1/2 minutes per patient at the counter and not more than 15 minutes in the queue at the Registration counter.
4. To compile a EHA standard format for In-patient charts after comparing the In-patient charts of EHA Units.
5. In-patient disease classification system to be computerized in Chhatarpur, Raxual, Kachhwa and Lalitpur and for Out-patient in Utraula.
6. Obtain quarterly service statistics from all the hospitals for analysis and timely action.
7. Constitute quality control for Lab and X-ray by the external expert.
8. To see that the stocks in various out lets are kept at the level per the standard.
9. To compile orientation manual for the new employees.
10. To keep the staff strength in all the Units at the standard ratios.
11. To help develop job description for all the employees in EHA Units.
12. To conduct performance appraisal of all the Administrators twice a year.
13. To impart training for Budget making process in the hospitals to prepare a performance focused / objective oriented budget in joint participative manner for the year 2000 - 2001.
14. To do financial monitoring of all the Units with the help of Mr. L.M.Chand, Mr. P.Jayakumar and Mr. Sunny Kuruvilla closely monitor Accounting Procedures, Budget Vs. Actual, financial statements Vs. Service statistics, cash flow management and investments in secured manner, inventory management - minimum stocks, maximum profit from each rupee spent.
15. To update the set of standards and monitoring format for Hospital Administration after the first round of monitoring.

3. Community Health Secretary

1. To organize one Community Health workshop and one workshop for the Directors.
2. To co-ordinate the writing up of training Module of Community Health.
3. To do Performance Appraisal of Directors of Community Health.
4. Evaluation of Champak / Chetna Projects.
5. Monitoring of Projects - discuss quality standards.
6. To organize training program in Community Health for partner agencies.
7. To initiate a process of resource mobilization within India- collect materials for promotional of projects.

4. AIDS Coordinator

1. To conduct 4 zone-wise reorientation training on HIV/AIDS for EHA staff
2. To conduct 2 region-wise training on Total Patient Care
3. To conduct situational analysis of HIV/AIDS in 4 EHA settings
4. To conduct 4 TOT for trainers of community health volunteers
5. To develop proposal for EHA-wide response to HIV/AIDS
6. To develop and distribute manuals/guidelines for Infection Control and Medical Waste Management both in English and Hindi
7. To initiate development of EHA Policy on HIV/AIDS

5. Coordinator for Reproductive Health Services

1) Doctors: At least two CMEs
   O/G update for new doctors joining EHA
   Developing best practices protocols
2) Nurses: Reorganising the Nurse Practitioner Course
   Year 2000 will be a planning year with no new course planned.
3) Hospitals: Institute PAP smears in all hospitals
   Help raise funds for upgrading maternity work (writing project proposals)
4) Community Health: Obstetric update workshops - 2 regional sessions
5) Continue to nurture EHA sponsored CMC, Ludhiana students

6. Coordinator for Eye Services

1. CLINICAL SERVICES:
   a. Optimize eye work at Fatehpur, Satbatwa, Champa and Lalitpur.
   b. Re-organize the eye services at Champa and Jagdeeshpur.

2. FINANCES:
   Increase self-sufficiency by improving earnings through patient fees

3. HUMAN RESOURCE DEPARTMENT:
   a. Recruit eye surgeons for Robertsganj and Chhatarpur.
   b. Organize a continued medical education (CME) programme for surgeons

4. MANAGEMENT INFORMATION SYSTEM:
   Make the data on cataract operations done in EHA hospitals ready for analysis using the CATOPS software.

7. Promotional Coordinator

Goal: Raise support: Personnel, Prayer, Financial.

Objectives:

1. Systematically visit the medical colleges and churches in the state of Orissa, Andhra Pradesh, Maharastra, Tamil Nadu, U.P. and M.P.
2. Identify or raise 100 prayer partners who would take to pray for EHA and began to contribute financially.
3. Complete the brochure for promotion among secular agencies.
4. Come out with a modified prayer and newsletter for the prayer partners.
5. Continue to broaden the contacts to raise support.
6. Follow up work among the earlier partners would be updated.
7. The database of contacts and prayer partners would be updated.
8. Human-interest stories to be collected for further promotion work.
9. Information collection for the future education and career of the EHA employees' children.
10. Prayer card for EHA prayer partners in January 2000 AD.

8. Secretary for Research, Development and Outreach

1. Develop the EHA Socio-Cultural project at PREM Bhavan.
2. Be available to the Executive Secretary in mobilizing for medical mission, recruiting doctors, planning and promotional work.
3. Plan, prepare and execute one promotional trip with the Executive Secretary for EHA.
4. Facilitate SAO in stabilizing and developing LCH / Bhavan.
5. Facilitate pastoral care programs (with JKJ / WW)
6. Facilitate leadership development module (with AC / WW / AS)
7. Develop a long term intensive prayer strategy for EHA (VS / WW)

(VS = Dr. Vinod Shah, SAO = Dr. Joute, JKJ = John K John, WW = Wayne Whitebourne, AC = Ashok Chacko, AS = Arwin Sushil)

9. Dental Service Coordinator

1. Set up new Dental department in Champa, Robertsganj, landour, Utraula.
2. Orientation Manual / Brochure.
3. Contacts - NF and M.
4. Training of Nursing Asst. - Feasibility study.
5. Networking - Dental Aid, CDF / CMDA USA.
6. Dental sponsored - CDC - Prayer support.
7. Each new Dental Unit to contribute Rs.5,000/- towards travel and consultancy.

10. Coordinator Spiritual Ministry

1. Three Units will have functioning Spiritual Life Committee.
2. Develop job Description for the Chaplain / Evangelist.
3. Complete the monitoring and assessment of all the hospital.
4. To have Biblical values seminars in 10 Units.
5. To institute follow up of discharged patients.

11. Finance Secretary

1. To restructure the Finance Department to bring Provident Fund, Gratuity, Multifaceted Staff Welfare Trust, General & FC accounts under one umbrella.
2. To be responsible for the finances of the EHA Central Office.
3. To prepare job responsibilities of concerned staff in EHA Central Office.
4. In-service training to junior staff enabling them for cross-functioning.

S No	Hospital	TEAM A	TEAM B	TEAM C	
1	Duncan	28-10-1999 to 30-10-1999			
2	Utraula	01-11-1999 to 02-11-1999	List of Team B		Dr Wayne Whitbourne
3	Makunda	12-01-2000 to 14-01-2000 (AS, VE, AC)	Dr Sydney Thyle		Mr Sudeesh P M
4	Lakhnadon	08-02-2000 to 09-02-2000	Dr B Langkham		Dr Renu Dyalchand
5	Chinchpada	11-02-2000 to 12-02-2000	Mr L M Chand		Dr Mathew George
6	Herbertpur	13-03-2000 to 15-03-2000	Dr Raju Abraham		Are free to move
7	Mussoorie	16-03-2000 to 17-03-2000		List of Team C	to units as per their
8	Kachuwa		02-11-1999 to 04-11-1999	Dr Ann Thyle	own Schedule
9	Fathepur	List of Team A	05-11-1999 to 06-11-1999	Mr P Jaya Kumar	
10	ECOS	Dr Vinod Shah	07-02-2000 to 08-02-2000 (SYD & LGH)	Dr A G Bell	
11	Chhatarpur	Dr Ashok Chacko	10-01-2000 to 12-01-2000	Mr John K John	
12	Lalitpur	Mr Arwin Sushil	13-01-2000 to 14-01-2000		
13	Jagdeeshpur	Mr Victor Emmanuel		28-08-1999 to 31-08-1999	
14	Champa			01-09-1999 to 03-09-1999	
15	Satbarwa			10-01-2000 to 12-01-2000	
16	Robertshanj			13-01-2000 to 14-01-2000	
17	G M Priya			17-02-2000 to 18-02-2000 (ANN & PJ)	
18	Madhupura			08-03-2000 to 09-03-2000 (ANN, PJ JKJ)	

VS	Dr Vinod Shah
AC	Dr Ashok Chacko
LGH	Dr B Langkham
SYD	Dr Sydney Thyle
ANN	Dr Ann Thyle
JKJ	Mr John K John
AG	Dr A G Bell
AS	Mr Arwin Sushil
VE	Mr Victor Emmanuel
LM	Mr L M Chand
PJ	Mr P Jaya Kumar